TRANSMITTAL FORM			Application Number 10/585,385		5		
			Filing Date		July 6, 2006		
			First N	amed Inventor	DeFrees,	Shawn	
(to be used for all correspondence after initial filing)			Art Un	it	1654		
			Exami	ner Name	Not Yet Assigned		
Total Number of Pages	in This		Attorne	ey Docket Number	40853-01-5138-US01		
Submission			1				
N = ==				S (Check all that app	Ť—	Allower of Communication to Communication	
Fee Transmittal Form		Drawing(s)		After Allowance Communication to Group  Appeal Communication to Board of Appeals			
Fee Attached	İ	Licens	Licensing-related Papers		and Interferences		
Amendment/Reply (Preliminary)		Petition			al Communication to Group (Appeal e, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application		Propr	rietary Information		
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		☐ Statu	s Letter		
Extension of Time Request		Terminal Disclaimer			r Enclosure(s) e identify below):		
Express Abandonment Request		☐ Request for Refund ☐ CD, Number of CD(s)		Sequence Listing (PDF and TXT files)     Statement to Support Filing and Submission of Paper and Computer-Readable Copies of Sequence Listing in Accordance With 37 CFR §§ 1.821 Through 1.825     copy of Notice to Comply			
☐ Information Disclosure Statement							
Certified Copy of Priority Document(s)		Remarks The Commissioner is a Account 50-0310.		authorized to	o charge any additional fees to Deposit		
Response to Missing Parts/ Incomplete Application			1000	1			
Response to Missing Parts under 37 CFR 1.52 or 1.53							
				ICANT, ATTORNEY	, OR AGEN	IT	
or	•	rgan, Lewis & Bockius LLP					
Individual	Ada O. wong	a O. Wong Reg. No. 55,740					
Signature	AN O	W/	7		···		
Date	Date November 24, 2008						
		CERTIFIC	ATE OF	TRANSMISSION/M	IAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Typed or printed name Kathryn A. Degliantoni							
Signature Xathren (1)		elia	Non	Date	November 24, 2008		
Xathry Weglearton							

Fees pursuant to the Consolidated Appropria	ations Acts, 2005 (H.R. 4818).	Complete if Known		
FEE TRANSI	АЛІТТ А І	Application Number	10/585,385	
LEE I WHIS	WIIIIAL	Filing Date	July 6, 2006	
For FY 20	009	First Named Inventor	DeFrees, Shawn	
Applicant claims small entity status. S	ee 37 CFR 1.27	Examiner Name	N/A	
		Art Unit	1654	
TOTAL AMOUNT OF PAYMENT (	(\$)270	Attorney Docket No.	40853-01-5138-US01	

METHOD OF PAYMENT (check all that apply)										
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify:										
Deposit Account Number: 50-0310  Deposit Account Name: Morgan, Lewis & Bockius LLP										
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee										
☐ Charge any additional fee(s) or underpayments of (fee(s) ☐ Credit any overpayments										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
BASIC FILING, SEARCH, AND EXAMINATION FEES										
i. Basic Filing, Search,	FILING FEES	SEARCH FEES	EXAMINATION FEES							
	Small Entity	Small Entity	Small Entity							
Application Type	Fee (\$) Fee (\$)	Fee (\$) Fee (\$)	Fee (\$) Fees Paid (\$)							
Utility	330 165	540 270 100 50	220 110 140 70	,						
Design Plant	220 110 220 110	330 165	170 85							
Reissue	330 165	540 270	650 325							
Provisional	220 110	0 0	0 0							
2. EXCESS CLAIM FEES			Small Entity							
Fee Description			Fee (\$) Fee (\$)							
Each claim over 20 (inc			52 26							
	m over 3 (including Reissues)		220 110							
Multiple dependent clai			390 195							
Total Claims - 20 or F	Extra Claims Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$) Fee Paid (\$)							
	dP =x otal claims paid for, if greater	 than 20	<u>1 ee (ψ)</u>							
Indep. Claims Extra Cla										
3 or HF	5 =xx	=								
HP = highest number of to	otal claims paid for, if greater	than 3.								
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction tehreof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets	Extra Sheets Numbe	r of each additional 50 or fraction	thereof Fee (\$) Fee Paid (\$)							
58 - 100 =	58/50	2 (round up to a whole nu	,							
4. OTHER FEE(S)			Fee Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):										
SUBMITTED BY										
Signature	All O My	Registration No. (Attorney/Agent)								
Name (Print/Tyne)	Ada O Wong		Date November 24, 2008							

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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